

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037697

DO NOT WRITE  
ON THIS STUB

AMENDED

 Registered District No. 042 Primary Registration District No. 1000 Registrar's No. 1193  
**FILED OCT 29 1962**

STATE FILE NUMBER

VS 300 Rev. 4/59		DATE AMENDED		15117		25117		3		4 0		5 3		6		7 0		8 2		97954		10		11		12 90-5		13 1-0																			
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS		INSTEAD OF		DOCUMENT		BY AFFIDAVIT OF		MEDICAL CERTIFICATION		SHOULD READ		ITEM NO.		USE BLACK INK OR TYPEWRITER RIBBON																																	
1. PLACE OF DEATH a. COUNTY Buchanan						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan						3. NAME OF DECEASED (Type or print) First Middle Last MARION GAY						4. DATE OF DEATH Month Day Year October 17 1962																													
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph						Length of stay in 1b 18 yrs						c. CITY OR TOWN St. Joseph						Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																													
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 514 1/2 So. 6th St.						Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						d. STREET ADDRESS (If outside, give location) 514 1/2 So. 6th St.						Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																													
5. SEX Male						6. COLOR OR RACE White						7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>						8. DATE OF BIRTH 1/10/1874						9. AGE (last birthday) 88						10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farm Laborer						11. BIRTHPLACE (City and state or country) Genbry County, Missouri						12. CITIZEN OF WHAT COUNTRY U S A					
13a. FATHER'S NAME Daniel Booker Gay						13b. MOTHER'S MAIDEN NAME Nancy Robinson						14. NAME OF HUSBAND OR WIFE None						15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No						16. SOCIAL SECURITY NO.						17. INFORMANT Mrs. Ethel Pittman						Address St. Joseph, Mo.											
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Unattended Death; Apparently						Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) Natural Causes - Investigated						DUE TO (c) by City Health Department						INTERVAL BETWEEN ONSET AND DEATH																							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>						20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)																							
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year						20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>						20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)						20f. CITY, TOWN, OR LOCATION COUNTY STATE																													
21. I attended the deceased from _____, to _____, and last saw him alive on _____ Death occurred at _____ 8:10 A _____ m on the date stated above, and to the best of my knowledge, from the causes stated.						22a. SIGNATURE <i>Robert W. Kieber, M.D.</i>						22b. ADDRESS St. Joseph, Mo.						22c. DATE SIGNED 10-19-62																													
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial						23b. DATE 10/20/62						23c. NAME OF CEMETERY OR CREMATORY Sunridge Cemetery						23d. LOCATION (City, town, or county) St. Joseph Missouri																													
24. FUNERAL DIRECTOR <i>Stanley Funeral Home</i>						ADDRESS St. Joseph, Mo.						25. DATE RECD. BY LOCAL REG. Oct. 23, 1962						26. REGISTRAR'S SIGNATURE <i>Mrs. Clark Goodell</i>																													

(Licensed Embalmer's Statement on Reverse Side)

Permit issued 10/18/62

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St. Joseph MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.